

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

932

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. \_\_\_\_\_)

Registration District No. 298  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 15  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 105 N. Cypress St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benton M. Pixley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

13. NAME David Newell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Margaret Moody

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Margaret E. Baker  
316 N. Cottage

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 13 1932

19. UNDERTAKER (ADDRESS) Old + Mitchell  
Independence Mo

20. FILED Jan. 12 1932 J. H. Cook

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

I HEREBY CERTIFY That I attended deceased from Dec 30 1931 to Jan 11 1932

I last saw her alive on Jan 11 1932 Death is said

to have occurred on the date stated above, at 4:5 m.

The principal cause of death and related causes of importance were as follows:

Bronchitis 129

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. H. Keay M.D.

(Address) Independence Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

